

# Medicare Training



## Manual for Equality, Diversity & Inclusion

During this module you will be asked some questions to simply provoke thought and test your current knowledge please have a note pad or supervision workbook to hand to make notes. Your performance will only be measured on the answers you select when completing the knowledge test at the end of the module.

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## **Learning outcomes**

- Understanding the key legislation and policies relating to equality, diversity, inclusion and discrimination
- Understanding the factors between inclusion and discrimination
- Understanding the rights of people you care
- Understanding the meaning of equality, diversity, inclusion and discrimination
- Knowing how the values incorporated in equality, diversity and inclusion reduce the likelihood of discrimination

## **Complementary Manuals**

- Person-Centered Approaches
- Mental Capacity Act 2005
- Safeguarding

## Chapter One

### *How to promote equality and diversity*

Equality is simply defined as the state of being equal; in terms of employment and the provision of services it can be seen as attempting to achieve a level playing field. To give people equal rights, equal opportunities and equal status we have to identify and overcome barriers that put some people at a disadvantage.

‘Equal’ does not mean ‘the same’ and it’s important that you appreciate the difference. If you treated everybody the same you would be failing to provide appropriate, person-centered care. Employers who treat all staff the same may feel they are being fair, but they are likely to be discriminating against some and depriving them of equal opportunities.

**Before we start either grab a piece of paper and make a list or simply think about some of the reasons why people may miss out on opportunities or be treated less favorably than others.**

Diversity is ‘the state of being different’; it may be challenging but diversity should be regarded positively as something to be promoted and celebrated. It’s an old cliché that the world would be a boring place if we were all the same, but people who are open to new experiences and curious about other people’s ways of life do seem to have more fun.

People’s values and beliefs are shaped by their backgrounds and experiences; to provide appropriate care you must understand and respect the people you support and the way in which their needs will be affected by their individual characteristics.

It is impossible to provide quality care without due regard to equality and diversity. Care providers have a social, moral and legal duty to ensure that the people they support are treated equally and fairly. To achieve this organizations and individual care givers have to recognize that everyone must be treated as an individual.

All clients are to be treated with dignity and respect regardless of their lifestyle, beliefs or background. It may require greater investment and effort to achieve equality for some people but this is not an excuse for prejudiced and discriminatory attitudes.

### *Challenges to Equality*

Many people are vulnerable to discriminatory treatment because they lack the physical and mental strength to protect their own interests or because their options are restricted, for example, because they cannot afford to find another care provider or because there is a limited choice of service provider accessible to them.

Everyone deserves to have the same opportunities and equal treatment when buying services or being paid to work; to support this right and to prevent people from being exploited by service providers and employers; the government creates legislation.

The most recent **The Equality Act 2010** brings together and strengthens over forty years' worth of anti-discrimination legislation, including:

- The Sex Discrimination Act 1975
- The Race Relations Act 1976
- The Disability Discrimination Act 1995
- The Equal Pay Act 1970

The Act aims to uphold the rights of all parts of society to access employment opportunities and benefit from public and private services and facilities. It challenges the direct discrimination which occurs when people are openly denied services or jobs and also the indirect discrimination caused by unfair restrictions or conditions.

### ***9 protected characteristics of Equality Act***

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

It is an offence to discriminate against people because of these characteristics or to treat them less fairly. So, for example:

- A woman cannot be paid less than a man doing the same job
- A person in a wheelchair cannot be charged extra for public transport
- Hotels cannot refuse to put unmarried couples in double rooms
- Employers cannot impose unnecessary height restrictions as men and women would be affected differently as would people of different racial backgrounds

The Act makes it illegal to discriminate against someone because of:

- One of the 9 protected characteristics
- Their association with someone who has a protected characteristic
- The belief that they have a protected characteristic

### ***Discriminatory practices in care setting:***

- Married partners are automatically involved in care planning, but other types of partner are overlooked
- More able clients are regularly taken on outings; those with mobility problems are given infrequent opportunities to join them
- The majority of clients are female so the needs of male clients e.g. for activities or socializing, are often ignored

- Rigid mealtime routines fail to accommodate the needs of clients fasting for religious reasons

### ***Victimization and harassment***

The Equality Act is intended to protect people from harassment and victimization as well as discrimination.

Harassment and victimization are essentially forms of bullying. There are three types of harassment which are unlawful under the Equality Act:

- Harassment related to a relevant protected characteristic.
- Sexual harassment.
- Less favorable treatment of (an individual) because they submit to or reject sexual harassment or harassment related to sex.

Victimization is defined in the Act as:

Treating someone badly because they have done a ‘protected act’ (or because you believe that a person has done or is going to do a protected act).

A ‘protected act’ is:

- Making a claim or complaint of discrimination (under the Equality Act).
- Helping someone else to make a claim by giving evidence or information.
- Making an allegation that you or someone else has breached the Act.
- Doing anything else in connection with the Act.

(Equality and Human Rights Commission)

Some people make offensive comments or jokes and, when challenged, say they meant no offence and that they were ‘just joking’. Under the law the intention is not important, if people could reasonably find the behavior to be offensive then it is.

The conditions of The Equality Act allow for so-called ‘positive discrimination’; that is providing extra support for people with certain characteristics to take advantage of an opportunity. For example, there may be reduced costs for people with disabilities or a care provider might decide to operate a service meeting the specific needs of a group of people sharing a protected characteristic e.g. a Catholic care home.

The law requires service providers and employers to take a proactive approach to equality and prevention of discrimination, harassment and victimization. This means that they can’t just react to complaints or problems; they must actually make an effort to identify possible issues and address them before anyone is affected. So, for example, business owners should ensure their premises are fully accessible before they start trading and bodies like the NHS should carry out research into and gain feedback from different groups when they are developing new services.

***Case study:***

The manager at 'Shady Lawns Residential Care Home' is fed up of clutter in the lounge; she finds it presents the wrong image to visitors. She puts up the following notice:

'Sticks, frames etc will no longer be allowed into the lounge. Clients who cannot walk into the lounge without aids will be assisted by staff after breakfast. If you also wish to be escorted to the dining room at lunch time, please let me know. Staff will be available to assist with toileting between 10 and 10.30.'

**What are your thoughts about this notice?**

Unless you work for a very small business your employer should have written equality policies and procedures; these will outline their commitment to equality and inclusion and will detail how they will deal with discriminatory behavior, harassment and victimization.

## Chapter Two

### *How to promote equal opportunities?*

As well as The Equality Act 2010 care providers must also meet the requirements of The Health and Social Care Act 2008; guidance for this can be found in The Essential Guide to Quality and Safety issued by the CQC.

‘the registered person must...take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have’

Regulation 17 of the Health and Social Care Act 2008 (regulated activities)

Regulations 2009

In their guidance for inspectors (Equality and Human Rights in the Essential Standards of Quality and Safety: An Overview) the CQC state that they are looking for evidence that care providers aim for:

- Equality of access to care and support
- Equality of outcomes from care and support
- Equality of opportunity to participate and contribute fully in society

### *Access Equality*

Access could mean physical access to facilities or areas of a building or it could be access to information about care and treatments available. Where barriers to access exist reasonable steps must be taken to overcome them; for equality you should aim to allow independent access. For example; you might say that a wheelchair user could be carried up steps into a building but this would be an unacceptable solution as it would be undignified and would leave the individual relying on others.

The Equality Act asks for ‘reasonable adjustments’ to be made to enable access for people with disabilities; this is not limited just to people who use wheelchairs. People with sight problems, conditions such as dementia or learning disabilities may face their own challenges when moving around. Ease of movement, and the ability to find your way around, has a significant impact on independence.

Less obvious issues to be considered include:

- How do different flooring materials affect the ease with which wheelchairs will move?
- How are people with conditions such as dementia affected by different patterns / positioning of mirrors etc?
- Are there alternatives to worded signs to help people who have difficulty reading?
- If colours are used to define facilities or to show the way, are they useful to people who are colour blind?
- Are there grab rails or other supports in appropriate positions?

- Are there signs at lower levels for wheelchair users and older people who may have become bent with age?

### ***Outcomes Equality***

The CQC should not be able to find evidence that certain groups achieve better results than others. Here's an example of discrimination evidenced by inequality of outcome:

A 2000 study of the management of elderly blunt trauma victims in Scotland found that significantly more of the elderly died than would be predicted. Once admitted to A&E, older patients were less likely to be admitted to intensive care, less likely to be managed in a resuscitation room, and less likely to be transferred to a regional neurosurgical care centre. (Ageism and Age Discrimination in Secondary Health Care, 2009)

### ***Opportunity Equality***

Some people choose to distance themselves from society and take pleasure in not conforming; however, there are many people who are denied opportunities to access public facilities, participate in community events, influence political decisions or contribute to society. Factors influencing people's opportunities include:

- Poverty
- Lack of education
- Language barriers
- Lack of access
- Cultural differences
- Ignorance of diversity
- Disenfranchisement (lack of the right or opportunity to vote)

A disabled person, for example, may be unable to vote if there are not suitable alternatives to visiting a polling station. A teenage single mother may feel that she is excluded from child services advertised with pictures of couples and more mature women.

### ***Rights protection***

Equality is only possible if we accept that everyone's rights are the same. The core principles of human rights are fairness, respect, equality, dignity, autonomy and participation for all.

### ***The Human Rights Act 1998***

Human rights legislation exists to protect all of us from the actions of public bodies like councils and NHS trusts. There are some rights which are particularly relevant to the provision of care and they are summarised below:

- Article 2 – right to life
- Article 3 – protection from torture or inhuman or degrading treatment
- Article 5 – the right to liberty and security of person

- Article 6 – the right to a fair trial
- Article 8 - the protection of private and family life
- Article 9 – freedom of thought, conscience and religion
- Article 10 – freedom of expression
- Article 14 – freedom from discrimination

Collectively these rights mean that individuals in your care should be protected from abuse and undignified treatment; they should not be unnecessarily restrained or have their freedom of movement restricted. They must be able to complain about the treatment they receive and be supported to understand and defend their rights.

Look at the human rights described above and then use your note pad to record ways in which a poor care provider might fail in their duty to protect clients' rights.

e.g. if care givers do not knock before entering bedrooms the clients' right to a private life is not being respected

When we live independently our freedoms of movement, expression etc. are limited only by the law and social acceptability. People who require care are vulnerable to being restricted by the beliefs, ignorance or working practices of their care providers. For example, a person with dementia may be prevented from maintaining a physical relationship with their partner because their care givers fail to realise that older people may still have sexual desires. A Muslim may be prevented from expressing their faith because they are being cared for by evangelical Christians who feel everyone should share their beliefs.

### ***Safeguarding Personal information***

It's part of your duty of care to clients that you protect their personal details. Information recorded in people's care and health records can be of a highly sensitive nature; people must not be exposed to risk of harm or ridicule through a lack of respect for confidentiality.

All records should be completed in plain English to be as accessible as possible, stick to facts and use non-judgemental language.

Before the Freedom of Information Act 2000, which gave people the right to see anything written about them, professionals often used jargon and abbreviations to make in jokes and express their opinions about the person concerned.

This kind of record making was deliberately excluding; there are, for example, stories of doctors using amusing abbreviations to pass on their opinion of the lifestyles of patients to their colleagues. Legend has it that UBI stands for unexplained beer injury, GPO is good for parts only and LOBNH is lights on but nobody home; these may have amused the doctors but they label the patient and may affect the treatment they receive from other health care givers in the future.

### ***The General Data Protection Regulation (GDPR)***

The regulation applies to any written or computerised personal information. Your employers, and you, have a duty to handle all recorded information in a way that protects the rights of the individual it refers to. Your company will have their specific GDPR policies and procedures to adhere to and receive training in, however,

You must:

- Prevent access by unauthorised people i.e. filing cabinets should be kept locked, computers should be protected by passwords and personal information must not be left on your desk or screen
- Only pass on information to people who have a right to know it in a way which keeps it confidential from others i.e. take extra care when sending information by fax or e-mail
- Make sure information recorded is accurate, relevant, and adequate not excessive; do not record unnecessary information.
- Destroy records when they are no longer necessary in a way that prevents them being accessed by unauthorised individuals

### ***Risk management***

Lives should not be limited by health and safety, low expectations or lack of understanding and knowledge; everyone has the right to achieve their potential.

It's important that you do not limit clients' freedoms unnecessarily; you have a duty of care to protect them but this has to balance with their rights. You must take a positive approach; listen to what the client wants and focus on how it can be achieved not the reasons why it might be difficult.

You must not try to impose your beliefs on clients in any way, people who are physically or mentally unwell, and particularly those who are receiving end-of-life care; may be easily influenced by the people around them and may start to make choices based on what they think people want to hear rather than what they believe or feel.

Good risk management maintains clients' safety without affecting their freedoms. Suitably trained care staff must risk assess clients' activities and make appropriate decisions about any potential dangers. These risk assessments should be done with the intention of enabling the activity to go ahead; they must not be attempts to find reasons why something shouldn't happen.

Risk assessment has to be carried out on an individual basis in order to support equality and fairness; assessments must not rely on stereotypical ideas of client's conditions. People with identical diagnoses (e.g. dementia, epilepsy) will be completely different in terms of abilities and disabilities so while one may be able to live independently another may require a significant amount of support.

Decision making must be without prejudice or assumption; whoever carries out risk assessments must be confident in their abilities and unafraid of legal penalties. Good record

keeping is essential so that if an individual does come to harm the reasons for allowing them to take actions are properly documented.

## Chapter Three

### *Diversity Celebration*

If care practices and environments are not flexible to meet different needs and expectations people can end up feeling like excluded outsiders in what should be their home.

You need to be aware of differences in people's approach to personal hygiene; toileting; eating; grooming; and medical care. Providing care in an inappropriate way can cause offence and ignorance is not an acceptable excuse.

If you have not got the knowledge or skills necessary to meet an individual's needs don't be afraid to ask for help. If appropriate be honest with the person you're caring for and ask them to explain their requirements or, perhaps, ask one of their family members to teach you what to do.

### *Workplace Culture*

There is a difference between being protected from discrimination and being made to feel truly welcome and involved. The first can be achieved in a purely impersonal way while the second allows everyone in an organization to feel that they are part of it, that they can influence the way it operates and that they are valued.

The management must set a good example to follow and policies, procedures and working practices should reflect a zero tolerance attitude to discriminatory attitudes and bullying behaviors.

Offensive language and inappropriate behavior must be challenged immediately and effectively. Staff will go through appropriate disciplinary procedures; clients should be given opportunities to agree their own 'codes of conduct' and to discuss acceptable ways of speaking and behaving in **public** areas.

Staff and clients should be given information and education to improve their understanding of diversity issues; this should reduce the likelihood of people causing offence through ignorance and can help to develop mutual respect between individuals.

It is important to know that with rights come responsibilities, and clients should be no exception to this. To achieve an environment where diversity is celebrated, and people are encouraged to express themselves as individuals, it is important for clients as well as staff to act appropriately.

Care givers should not have to put up with insulting behavior or language and their employers have a duty to protect them. If a client abuses or uses discriminatory language towards other clients, this is a safeguarding issue and must be taken seriously and dealt with appropriately.

Most importantly employers must see diversity, equality and inclusion as positive ideals to be promoted and celebrated. Training and development should be taken seriously and not viewed as 'tick box' exercises for legal compliance.

### ***Person-centered caring approach***

By working in a person-centered way care providers should also be promoting equality, diversity and inclusion. Employers ensure that people's needs are being met appropriately in a way that respects their individuality; and care givers are not restricted by 'this is how things are normally done' attitudes but are free to find creative solutions to meeting client needs.

Person-centered approaches to care are based on several core values which include:

- Independence
- Dignity
- Privacy
- Rights
- Choice
- Respect
- Partnership
- Individuality

Task led approaches focus on business needs at the expense of clients; they favor institutional practices which treat everyone the same as this makes it easier to plan staffing and provide facilities.

So, for example, everyone will have to get up and go to bed at set times; bathing may be rigidly timetabled; and it will be difficult to support spontaneous outings or activities.

A person-centered approach can be more flexible and creative; by making a positive effort to identify and meet individuals' needs care providers reduce inequalities and discrimination. Clients feel that they are valued as people whose feelings and opinions matter; they are not made to feel like problems getting in the way of the staff.

### ***Promoting Feedback Culture***

The best way of finding out whether clients feel happy with the care they receive is to ask them. Your organization should have ways of gathering information that are useful for your client group. You might have residents' meetings, hand out satisfaction surveys or just sit down with clients and have a chat but whatever you do should be recorded and acted upon.

When the CQC carry out their inspections they look for evidence that care providers are responsive to clients' needs and that they are constantly working for better outcomes for everybody i.e. they are aiming to improve people's physical and mental wellbeing. Records such as minutes of meetings with details of action taken in response to feedback are an excellent way of showing that you are taking an appropriately person-centered approach.

Care providers' complaints procedures must be clear and well communicated; comments and complaints should be seen positively as opportunities to improve. Care givers should not be afraid of feedback from clients.

When a complaint has been made anonymity must be maintained to prevent victimization of the individuals involved.

### ***Equality and diversity basis recruitment***

The diversity of the client group should be reflected in the people who care for them. Care givers should be both male and female and come from a range of cultural and racial backgrounds.

A good manager will find staff with varied qualities and skills to meet client needs in different ways. Employees should feel valued for the unique qualities they bring to the work role and should be encouraged to develop their strengths and work on their weaknesses.

Clients should be involved in every stage of staff recruitment including advertising positions, interviewing and decision making. If possible, a client representative should be present on interviewing panels, but if it's not possible then clients should have the opportunity to contribute questions to ask prospective employees.

### ***Comfortable Relationship***

Supporting clients to participate in recruitment helps them to feel more in control of their lives. The relationship between a care giver and a client has to be a very personal one; clients must feel as comfortable as possible with the people who bathe and toilet them.

Where communication barriers exist it is up to care givers to remove them so that individuals are not unnecessarily confused about what is going on around them, or excluded from activities and conversations because they have difficulty understanding them.

Care givers need to have excellent communication skills; the way you communicate and interact with the individuals you care for will have a significant impact on their quality of life. Individuals who are highly dependent on others to meet their basic needs will be most affected by poor communication and a lack of interaction.

Although it is human nature to find some people more 'likeable' than others this cannot be reflected in the care delivered. Care provision must reflect client needs **not** the personal feelings of care givers.

## Chapter Four

### *Supporting Inclusiveness*

A home which meets its obligations under the Equality Act, to challenge and remove discrimination of any kind is only going part of the way towards meeting the requirements of the Care Quality Commission to provide person-centered care. As both employers and service providers, care home owners must promote 'inclusion' for all.

A care environment is both home and workplace so there must be a suitable balance between its functional needs (e.g. room to move hoists, wheelchair access) and the social and psychological needs of the individuals who live or work in it (e.g. 'homeliness'; familiarity).

**Take some time to have a think about ways in which care environments need to meet the needs of the people who live and work in them: e.g. there must be private space for clients**

All aspects of the care environment should reflect the diversity of the people within it so that decorative features, reading matter, background music etc. are not all representative of any one culture, lifestyle choice or religion. (This may be different where a home exists solely to provide for a specific group of people e.g. elderly Catholics).

Below we will look at some aspects of your working environment and consider some questions about their suitability for meeting diverse needs and promoting equality.

#### **Artwork/ornaments environment:**

- Are images and themes representative of different cultures, ways of life, physical 'types' etc
- Art can be used to provide stimulation, if all works are visual - paintings, photographs etc; people with poor eyesight are not being provided for
- Clients do not have to agree on all decorative features – interesting objects can divide people. 'Beauty is in the eye of the beholder' after all

#### **Accessible movement instruction:**

- Is signage useful and can it be seen by everyone? E.g. is it positioned so people can read it from wheelchairs
- Can signs be easily understood by people who may not be able to read or interpret written English
- Do layout, flooring, door mechanisms etc. promote free easy movement with minimum intervention? Some carpets can make it difficult to self-propel a wheelchair; heavy doors create barriers for frailer individuals; stairs may make it impossible for some clients to access parts of the building
- 
- Are 'important' places (particularly toilets) easy to spot and easy to get to?

**Décor:**

- Is paintwork/ upholstery neutral or reflective of a particular style?
- Does the style of decoration reflect the tastes of some / all / majority of clients?
- Have the needs of people with dementia or visual impairments been considered? E.g. has care been taken to avoid patterns which may be misinterpreted as solid objects
- Could décor be seen as ‘feminine’?

**Furniture:**

- Is there a one size fits all approach to furnishing or has furniture been chosen with particular needs in mind?
- Can all clients sit comfortably at a dining table or relax in an armchair in the lounge?

**Public places:**

- Are there places for people to socialise?
- Are there places where people can relax and enjoy quiet reflection?
- Is space available for a variety of activities?
- Can spaces be adapted for different purposes?
- Are appropriate areas available for people to pray or otherwise observe their religious faith?

**Washrooms:**

- Can different personal care needs be catered for e.g. is there a choice of bath or shower; are bidets available?
- Are cultural differences provided for?

**Personal areas:**

- Are all clients encouraged to personalize their rooms?
- Are clients’ needs considered when allocating rooms? E.g. are people with restricted mobility given rooms close to facilities whenever possible?

***Modifying care environment***

To improve the likelihood that the care environment is suitable for the people who live within it, clients should be involved in all decision-making processes. So, whether you are redecorating the lounge; purchasing new books or games; or landscaping the garden clients’ opinions should count.

Gaining input from clients when creating plans or making decisions may not be as straightforward as asking them; different people will need to be involved in different ways, for example:

- Plans could be put forward at resident's meetings and different options discussed
- Clients could be shown pictures/ fabric swatches / colours and asked to comment on them
- Care managers could look at profiles of their clients and identify suitable options to reflect a range of needs
- Family members and other loved ones could be asked for opinions and advice
- Surveys and feedback forms could be used to identify areas in need of change or improvement
- Clients could use a suggestion box to put forward ideas
- Client representatives could attend trade shows and industry events to get ideas and see what's available

### ***Encouraging and empowering clients***

Issues of equality, diversity and inclusion affect all aspects of care provision from the way staff are recruited, to the way people's personal hygiene needs are met. Care providers must take positive action to prevent discrimination and to promote the rights of individuals to be themselves.

Judgmental attitudes have no place in care and you must be able to respect the values and beliefs of others even if you don't share them. Be open to new experiences and new ways of doing things and never stop learning.

People living in care environments need to be supported to achieve their full potential and experience maximum quality of life; to this end the people who care for them must promote independence and a sense of self. They have to see the individual in terms of their abilities and work with them to identify and achieve both long term, and short term goals.

To help your clients to achieve and / or maintain a sense of self you need to:

- Help them to be confident
- Reinforce their individuality
- Enable them to express themselves
- Help them to access information and educational opportunities
- Encourage them to try new things
- Protect them from discrimination and abuse

## References

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

[www.scie.org.uk](http://www.scie.org.uk)

*Equality and human rights in the essential standards of quality and safety:  
Equality and human rights in outcomes.*

Guidance for compliance inspectors and registration assessors issued by the Care Quality Commission